

FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40993
STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 703

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Lawrence | | 2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE Missouri b. COUNTY Lawrence | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora | | c. CITY OR TOWN Aurora | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1019 S. Madison | | d. STREET ADDRESS 107 W. College | |
| Length of stay in 1b 6 weeks | | Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. NAME OF DECEASED (Type or print) First LUBY Middle FRANCES Last WHITE | | 4. DATE OF DEATH Month Nov. Day 14 Year 1957 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 12, 1872 |
| 9. AGE (In years last birthday) 85 | | 10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months 0 Days 0 Hours 0 Min. 0 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | |
| 11. BIRTHPLACE (City and state or country) Chesapeake, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA. | |
| 13. FATHER'S NAME Thomas P. Robertson | | 14. MOTHER'S MAIDEN NAME Jane Montgomery | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT Hazel Gardner | | Address Aurora, Mo. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis | | | INTERVAL BETWEEN ONSET AND DEATH 1 year |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 443X | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |
| 20c. TIME OF INJURY Hour a. m. Month Day Year p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Aurora |
| 20g. COUNTY Missouri | | | 20h. STATE Missouri |
| 21. I attended the deceased from 6-3-57 to 11-14-57 and last saw her her alive on 11-14-57 Death occurred at 11:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE R. P. Bulich Jr. O. | | 22b. ADDRESS Aurora Missouri | |
| 22c. DATE SIGNED 11-15-57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11/16/57 | 23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery | 23d. LOCATION (City, town, or county) (State) Aurora, Missouri |
| 24. FUNERAL DIRECTOR Arnold's Funeral Home | | 25. DATE RECD. BY LOCAL REG. 11-15-57 | |
| ADDRESS Aurora, Mo. | | 26. REGISTRAR'S SIGNATURE Ora McNett | |

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1570

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 492

P. O. Address ALBANY,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.